

2015

Plan Review Application for a **Mobile Food Service Unit**

Operation Name (Doing Business As): Mobile Unit Operating Location: Single Site Multiple Sites/Route (Include all locations with plan submittal.) Single Site Address: City: Zip: Scope (Briefly describe operation/menu style): WA L & I Sticker # Former Name: Unit Type: Cart Vehicle Trailer Movable Building Required Information: WA License Plate # VIN # WA L & I Sticker # Plan Review Submittal Fee (Make checks payable to: "SKCDPH"). The Plan Review Fee is nonrefundable. New Operation (\$860 + \$215/hr after 4 hours) (\$602) Mobile changes (\$430 + \$215/hr after 2 hours) (\$611) Resubmitted Plan (\$215/hr) (\$605) Cost of Service (\$215/hr) (H009) Ownership Information Are you the new owner? Yes No Name(s):First	Mobile Unit Operating Location: Single Site Multiple Sites/Route (Include all locations with plan submittal.) Single Site Address: Zip: Zip: Scope (Briefly describe operation/menu style): Unit Type: Cart Vehicle Trailer Movable Building Required Information: WA License Plate # VIN # WA L & I Sticker # Plan Check N.O.S. # 2 Plan Check N.O.S. * 2 Plan Check N.O.S. * 2 Plan	Operation information	(Please Print)		❖ Service Request
Mobile Unit Operating Location: Single Site Multiple Sites/Route (Include all locations with plan submittal.) Single Site Address: City: Zip: Zip: Zip: Single Site Address: Unit Type: Cart Vehicle Trailer Movable Building Required Information: WA License Plate # VIN # WA L & I Sticker # Plan Check N.O.S. # 2 Plan Check N.O.S	Mobile Unit Operating Location: Single Site Multiple Sites/Route (Include all locations with plan submittal.) Single Site Address: City: Zip:	Operation Name (Doing Business As):			
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Approval Date:Review Time: Reviewer: Mobile Sticker #	··	Notes:			

PLAN REVIEW APPLICATION SUBMITTAL

DISTRICT HEALTH CENTERS

DOWNTOWN 401 5th Ave, 11th Floor Seattle, WA 98104 206-263-9566 EASTGATE

14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050